Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.**: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Mr.ABDUL QADEER AHMAD	Visit No	: CHA250035483
Age/Gender	: 75 Y/M	Registration ON	: 27/Feb/2025 01:20PM
Lab No	**: 10132779**	Sample Collected ON	: 27/Feb/2025 01:25PM
Referred By	: Dr.MOHD RIZWANUL HAQUE	Sample Received ON	: 27/Feb/2025 01:32PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 27/Feb/2025 02:24PM
Doctor Advice	: HBA1C (EDTA),BUN,CREATININE,TROPONIN-I (SERUM),2D ECHO COLOUR,ECG,NA+K+,ESR,CBC (WHOLE BLOOD),DIGITAL 1		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	14.00		0 - 20	Westergreen

Note:

1. Test conducted on EDTA whole blood at 37°C.
2. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.
3. It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever. It is also increased in multiple myeloma, hypothyroidism.

HBA1C				
Glycosylated Hemoglobin (HbA1c)	**7.4**	%	4 - 5.7	HPLC (EDTA)

NOTE:-
Glycosylated Hemoglobin Test (HbA1c)is performed in this laboratoryby the Gold Standard Reference method,ie:HPLC Technology(High performance Liquid Chromatography D10) from Bio-Rad Laboratories.USA.

EXPECTED (RESULT) RANGE :

Bio system	Degree of normal
4.0 - 5.7 %	Normal Value (OR) Non Diabetic
5.8 - 6.4 %	Pre Diabetic Stage
> 6.5 %	Diabetic (or) Diabetic stage
6.5 - 7.0 %	Well Controlled Diabet
7.1 - 8.0 %	Unsatisfactory Control
> 8.0 %	Poor Control and needs treatment

BLOOD UREA NITROGEN				
Blood Urea Nitrogen (BUN)	**23.13**	mg/dL	7-21	calculated

[Checked By]

Print.Date/Time: 27-02-2025 21:11:04
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DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-I (SERUM)				
TROPONIN-I (SERUM)	0.019		cut off volue : 0.120	

NOTE: -

Troponin I (TnI) is a protein normally found in muscle tissue that, in conjunction with Troponin T and Troponin C, regulates the calcium dependent interaction of actin and myosin.1 Three isotypes of TnI have been identified: one associated with fast-twitch skeletal muscle, one with slow-twitch skeletal muscle and one with cardiac muscle.The cardiac form has an additional 31 amino acid residues at the N terminus and is the only troponin isoform present in the myocardium.Clinical studies have demonstrated that cardiac Troponin I (cTnI) is detectable in the bloodstream 4–6 hours after an acute myocardial infarct (AMI) and remains elevated for several days thereafter Thus, cTnI elevation covers the diagnostic windows of both creatine kinase-MB (CK-MB) and lactate dehydrogenase.3 Further studies have indicated that cTnI has a higher clinical specificity for myocardial injury than does CK-MB.
Done by: Vitros ECI (Johnson & Johnson)

Other conditions resulting in myocardial cell damage can contribute to elevated cTnI levels. Published studies have documented that these conditions include, but are not limited to, sepsis, congestive heart failure, hypertension with left ventricular hypertrophy, hemodynamic compromise, myocarditis, mechanical injury including cardiac surgery, defibrillation and cardiac toxins such as anthracyclines. Factors such as these should be considered when interpreting results from any cTnI test method.

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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 27/Feb/2025 03:49PM
Doctor Advice	: HBA1C (EDTA),BUN,CREATININE,TROPONIN-I (SERUM),2D ECHO COLOUR,ECG,NA+K+,ESR,CBC (WHOLE BLOOD),DIGITAL 1		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	12.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.50	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	41.3	%	36 - 45	Pulse hieght detection
MCV	92.0	fL	80 - 96	calculated
MCH	28.3	pg	27 - 33	Calculated
MCHC	30.8	g/dL	30 - 36	Calculated
RDW	**17.2**	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	9490	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	**80**	%	40 - 75	Flowcytrometry
LYMPHOCYTES	**17**	%	25 - 45	Flowcytrometry
EOSINOPHIL	1	%	1 - 6	Flowcytrometry
MONOCYTE	2	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	182,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	182000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	**7,592**	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,613	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	95	/cmm	20-500	Calculated
Absolute Monocytes Count	190	/cmm	200-1000	Calculated
Mentzer Index	20			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. WBCs show neutrophilia. Platelets are adequate. No parasite seen.

MC-2491

[Checked By]

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DR. SHADAB PATHOLOGIST

DR. ADITI D AGARWAL PATHOLOGIST

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Doctor Advice	: HBA1C (EDTA),BUN,CREATININE,TROPONIN-I (SERUM),2D ECHO COLOUR,ECG,NA+K+,ESR,CBC (WHOLE BLOOD),DIGITAL 1		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
NA+K+				
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.4	MEq/L	3.5 - 5.5	ISE Direct
SERUM CREATININE				
CREATININE	1.00	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

***** End Of Report *****

MC-2491

[Checked By]

Print.Date/Time: 27-02-2025 21:11:12

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DR. NISHANT SHARMA PATHOLOGIST

DR. SHADAB PATHOLOGIST

DR. ADITI D AGARWAL PATHOLOGIST

Patient Name	: Mr.ABDUL QADEER AHMAD	Visit No	: CHA250035483
Age/Gender	: 75 Y/M	Registration ON	: 27/Feb/2025 01:20PM
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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 27/Feb/2025 08:29PM

PR.

ECG -REPORT

RATE : 99 bpm

* RHYTHM : Normal

* P wave : Increased P- Terminal force ? LA Overload

* PR interval : Normal

* QRS Axis : Normal

Duration : Normal

Configuration : Normal

* ST-T Changes : None

* QT interval :

* QTc interval : Sec.

* Other :

OPINION: **? LA OVERLOAD**

(FINDING TO BE CORRELATED CLINICALLY)

[DR. RAJIV RASTOGI, MD, DM]

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PR.

2D- ECHO & COLOR DOPPLER REPORT

1. **MITRAL VALVE STUDY** : **MVOA** - Normal (perimetry) cm2 (PHT)

Anterior Mitral Leaflet:

(a) Motion: Normal **(b) Thickness** : Normal **(c) DE :1.5** cm.

(d) EF :64 mm/sec **(e) EPSS : 06** mm **(f) Vegetation : -**

(g) Calcium : -

Posterior mitral leaflet : Normal

(a). Motion : Normal **(b) Calcium: -** **(c) Vegetation : -**

Valve Score : Mobility /4 Thickness /4 SVA /4
Calcium /4 Total /16

2. **AORTIC VALVE STUDY**

(a) Aortic root :2.9 cms **(b) Aortic Opening :1.7**cms **(c) Closure: Central**
(d) Calcium : - **(e) Eccentricity Index : 1** **(f) Vegetation : -**

(g) Valve Structure : Tricuspid,

3. **PULMONARY VALVE STUDY** Normal

(a) EF Slope : - **(b) A Wave : +** **(c) MSN : -**

(D) Thickness : **(e) Others :**

4. **TRICUSPID VALVE :** Normal

5. **SEPTAL AORTIC CONTINUITY** **6. AORTIC MITRAL CONTINUITY**

Left Atrium : 4.0 cms **Clot : -** **Others :**
Right Atrium : Normal **Clot : -** **Others : -**

Contd.....

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VENTRICLES

RIGHT VENTRICLE : Normal
RVD (D)
RVOT

LEFT VENTRICLE :

LVIVS (D) 0.9 cm (s) 1.5 cm — **Motion :** normal

LVPW (D) 0.7cm (s) 0.9 cm — **Motion :** Normal

LVID (D) 6.1cm (s) 4.8 cm — **Ejection Fraction : 42%**

Fractional Shortening : 21 %

TOMOGRAPHIC VIEWS

Parasternal Long axis view :

DILATED LA & LV
DEPRESSED LV CONTRACTILITY.

Short axis view

Aortic valve level :

AOV - NORMAL
PV - NORMAL
TV - NORMAL

Mitral valve level :

MV - THICK , PERFORATION OF BASE OF AML

HYPOKINESIA OF INFERIOR IVS & INFERIOR LV WALL (PDA TERRITORY)

Papillary Muscle Level :

Apical 4 chamber View :

No LV CLOT
NO P E

Contd.

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PERICARDIUM

Normal

DOPPLER STUDIES

	Velocity (m/sec)	Flow pattern (/4)	Regurgitation	Gradient (mm Hg)	Valve area (cm 2)
MITRAL	e = 1.4 a = 1.3	Normal	3	-	-
AORTIC	1.3	Normal	-	-	–
TRICUSPID	0.4	Normal	1	-	-
PULMONARY	0.6	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

GR III/IV MR , Jet area 10.4 cm2

GR I/IV TR

CONCLUSIONS :

- **DILATED LA & LV**
- **DEPRESSED LV SYSTOLIC FUNCTION**
- **LVEF = 42 %**
- **HYPOKINESIA OF INFERIOR IVS & INFERIOR LV WALL (PDA TERRITORY)**
- **SEVERE MR**
- **MILD TR**
- **MODERATE PAH (PASP = 55 mmHg)**
- **NO CLOT / VEGETATION**
- **NO PERICARDIAL EFFUSSION**

OPINION – RHD - SEVERE MR , MILD TR WITH MODERATE PAH
PDA TERRITORY HYPOKINETIC

DR. RAJIV RASTOGI, MD,DM

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PR.

SKIAGRAM CHEST PA VIEW

- Both lung fields are clear.
- Bilateral hilar shadows are prominent.
- Cardiomegaly is present.
- Left CP angle is obliterated.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

IMPRESSION:

- **CARDIOMEGALY.**
- **? PLEURAL EFFUSION LEFT.**

Clinical correlation and Cardiac evaluation is needed.

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

***** End Of Report *****